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**DECLARATION FOR UTILITY OR  
 DESIGN  
 PATENT APPLICATION  
 (37 CFR 1.63)**

☐ Declaration  
 Submitted With Initial  
 Filing

OR

☐ Declaration  
 Submitted after Initial  
 Filing (surcharge  
 (37 CFR 1.16 (e))  
 required)

Attorney Docket Number	413130
First Named Inventor	Frank J. Hammond, II
COMPLETE IF KNOWN	
Application Number	/
Filing Date	(Herewith)
Art Unit	Unknown
Examiner Name	Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD OF NON-CENTRALIZED ZERO KNOWLEDGE  
 AUTHENTICATION FOR A COMPUTER NETWORK**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input type="text" value="30955"/> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country		Telephone	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Frank J., II		Hammond	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Palmer Lake	CO	USA	USA
Mailing Address			
P.O. Box 712			
City	State	Zip	Country
Palmer Lake	CO	80133	USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Steven J.		Carlander	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Monument	CO	USA	USA
Mailing Address			
426 Oxbow Drive			
City	State	Zip	Country
Monument	CO	80132	USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Frank J., Jr.		Ricotta	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Colorado Springs	<b>State</b> CO	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 5790 Regal View Ct.			
<b>Mailing Address</b>			
<b>City</b> Colorado Springs	<b>State</b> CO	<b>ZIP</b> 80919	<b>Country</b> USA
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>

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